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Practitioner(s) named below (if more than ten patent practitioners are to be named, then a customer number must be used):					
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as attorney(s) or agent(s) to represent the undersigned before the United States Patent and Trademark Office (USPTO) in connection with any and all patent applications assigned only to the undersigned according to the USPTO assignment records or assignment documents attached to this form in accordance with 37 CFR 3.73(b).					
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Assignee Name and Address:					
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P.O. Box 5004					
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SIGNATURE of Assignee of Record The individual whose signature and title is supplied below is authorized to act on behalf of the assignee					
Signature	Kyan Jogal	aut		Date 2/2/20	10
Name	KYM Fo	gelavist		Telephone 503-628	5-0193
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